

**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

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**LOBBYIST REGISTRATION FORM**

(Type or Print Clearly)

STATE OF HAWAII  
STATE ETHICS COMMISSION

<b>PART I LOBBYIST</b>			
NAME (Last) <b>TAKENAKA</b>	(First) <b>CYNTHIA</b>	(Middle) <b>H</b>	TELEPHONE <b>808-394-3451</b>
MAILING ADDRESS (Street) <b>516 Kawaihae St #E</b>			FAX
(City) <b>Honolulu</b>			(State) <b>HI</b>
(Zip Code) <b>96825</b>			EMAIL <b>NAIFA-Hawaii@hawaii.rr.com</b>
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(State)
(Zip Code)			EMAIL

<b>PART II ORGANIZATION</b>			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate) <b>National Association of Insurance &amp; Financial Advisors Hawaii</b>			TELEPHONE <b>808-394-3451</b>
MAILING ADDRESS (Street) <b>516 Kawaihae St #E</b>			FAX
(City) <b>Honolulu</b>			(State) <b>HI</b>
(Zip Code) <b>96825</b>			EMAIL <b>NAIFA-Hawaii@hawaii.rr.com</b>
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT <b>Cynthia H. Takenaka</b>			TELEPHONE <b>808-394-3451</b>
MAILING ADDRESS (Street) <b>516 Kawaihae St #E</b>			FAX
(City) <b>Honolulu</b>			(State) <b>HI</b>
(Zip Code) <b>96825</b>			EMAIL <b>NAIFA-Hawaii@hawaii.rr.com</b>

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input checked="" type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u><i>ATakenaka</i></u>	<u>Jan. 16, 2013</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY		
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Robert Lawton		President
NAME OF ORGANIZATION (if applicable)		TELEPHONE
National Association of Insurance & Financial Advisors Hawaii		808-394-3451
MAILING ADDRESS (Street)		FAX
516 Kawaihae St #E		EMAIL
		NAIFA-Hawaii@hawaii.rr.com
(City)	(State)	(Zip Code)
Honolulu		96825
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
<u><i>Pat Lawton</i></u>		<u>Jan 16, 2013</u>
(Signature of Authorizing Officer or Person Represented)		(Date)